

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Catalani	P.	Roy	(808) 543-9409	
MAILING ADDRESS (Street)			FAX	
P. O. Box 3288			(808) 543-9458	
(City)	(State)		(Zip Code)	
Honolulu	HI		96801-3288	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City) (State)			(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE		
Moana Pa`akai, dba Haw	(808) 543-9311		
MAILING ADDRESS (Street)	FAX		
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu	Н	96801-3288	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
P. Roy Catalani		(808) 543-9409	
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801-3288	

LREG 03/2005

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development				
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation				
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	✓ Transportation				
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)				
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections					
		a salahan salah					
	PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
(Signature of Lobbyist) (Date)							
PART V AUTHORIZAT	ION TO LOBBY						
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED						
Glenn K. Y. Hong		President					
NAME OF ORGANIZATION (if applicable)			TELEPHONE				
Moana Pa`akai, Inc., dba Hawaiian Tug and Barge			(808) 543-9322				
MAILING ADDRESS (Street)			FAX				
P. O. Box 3288			(808) 543-9458				
(City)	(State)		(Zip Code)				
Honolulu	н		96801-3288				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.							
	and the	· ·	129/06				
(Signature of Authorizing Officer or Person Represented)			(Date)				